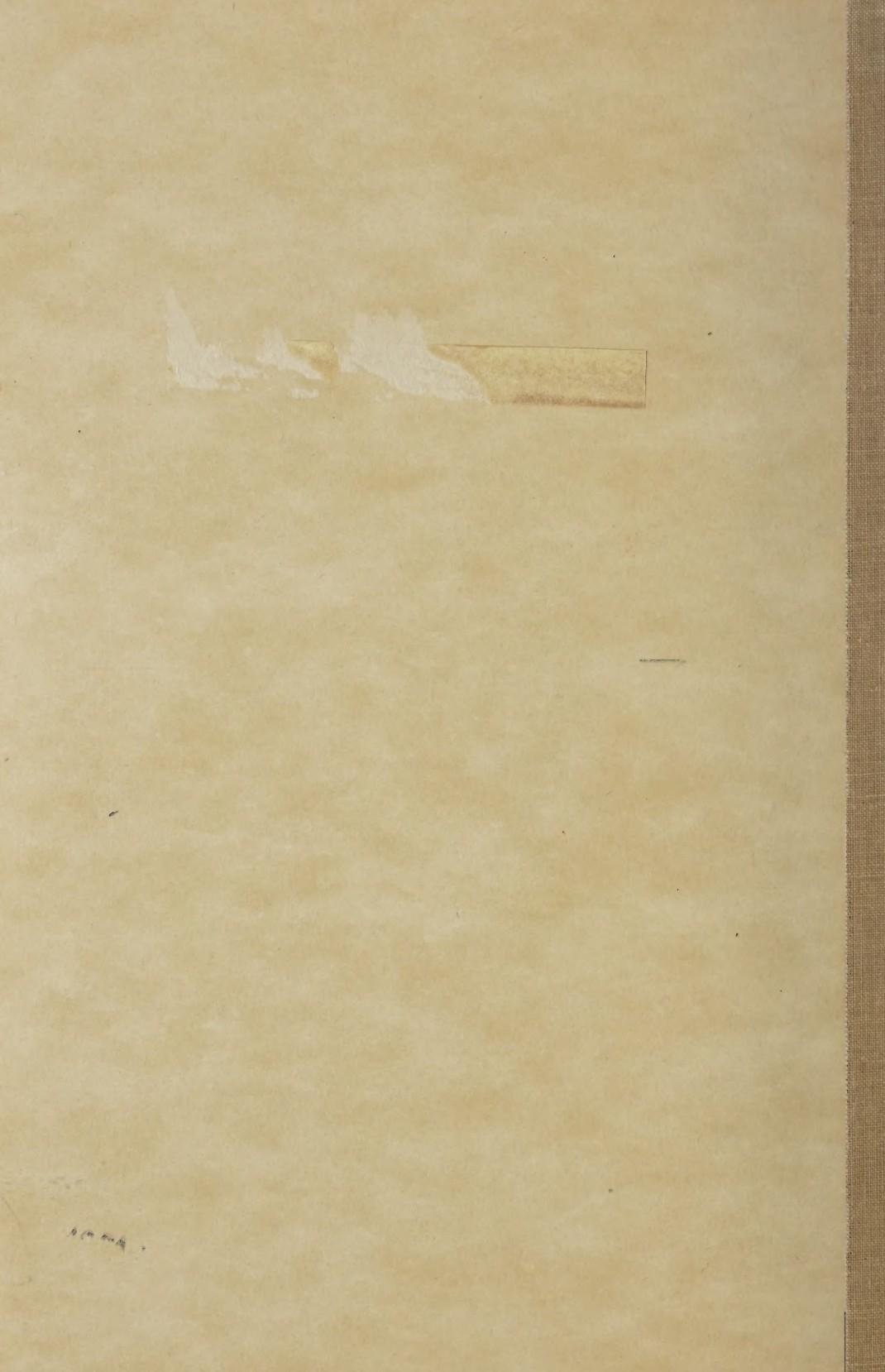


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ILLINOIS PLAN FOR  
SPECIAL EDUCATION OF  
EXCEPTIONAL CHILDREN;  
THOSE WITH IMPAIRED  
HEARING.



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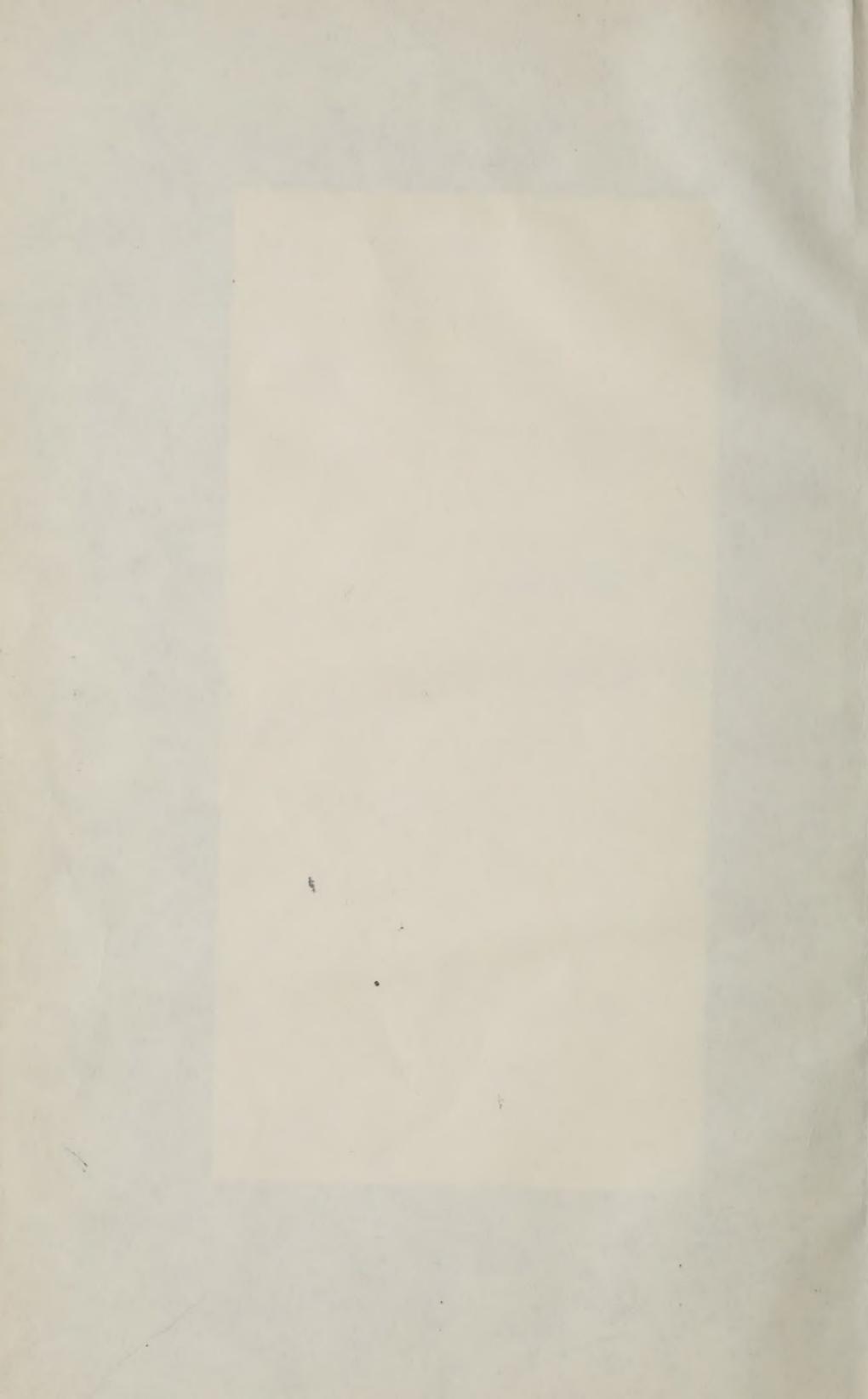
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THE ILLINOIS PLAN  
FOR  
**SPECIAL EDUCATION**  
OF  
**EXCEPTIONAL CHILDREN**  
**THOSE WITH IMPAIRED HEARING**

---

Circular Series "C"  
No. 12

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COMPILED BY  
**RAY GRAHAM**  
ASSISTANT SUPERINTENDENT  
Director, Education of Exceptional Children

---

ISSUED BY  
**VERNON L. NICKELL**  
SUPERINTENDENT OF PUBLIC INSTRUCTION

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Educational

## RESEARCH SAYS THAT:

- 1. There are approximately 13,000 children in Illinois who have impaired hearing.
- 2. We find that approximately 5% of our school population have impaired hearing. 2% can be helped by medical treatment; 3% must receive special education. (West, University of Wisconsin)
- 3. "Children with hearing deficiencies repeat grades 3½ times more than children with normal hearing." (Gardner)
- 4. The cost of hearing surveys and the cost of recommending educational and medicinal measures is considerably less than the cost of re-educating those children with impaired hearing who must repeat grades.
- 5. The proper time to correct and prevent adult deafness is during childhood.
- 6. Hearing impairments respond to medical treatment more successfully during childhood.
- 7. All leading educational authorities believe that the psychological suffering of children with impaired hearing and the harmful effects on their personalities and economic earning power is of importance.
- 8. "25-30% of individuals having a slight loss will acquire a marked loss within five years; (5% of individuals having normal hearing will acquire marked high tone losses and 2% of individuals having normal hearing will acquire loss in the low tones.)" (Nation Research Council)
- 9. A person can lose almost 40% of his hearing acuity before it becomes a very great handicap to direct conversation. A child's hearing loss may not be noticeable when you talk to him.
- 10. "50% of impaired hearing cases, if medically treated during childhood, can either be corrected or prevented from growing worse." (Dr. Steer, Purdue University)
- 11. "The ear in proportion to its importance, is the most neglected organ of the body." (Dr. Newhart)
- 12. Very often a hearing impairment is progressive; it increases and becomes greater with age. "An ounce of prevention is worth a pound of cure".
- 13. We can detect slight hearing deficiencies only by periodic audiometric testing.
- 14. Audiometric testing of school children is required by state law in 17 states of the Union.

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## INTRODUCTION

The education of deaf or hard of hearing children is a direct challenge to those intrusted with the planning and responsibility for the education of "all the children". Illinois has passed that era when neglect can be tolerated. The man power situation during World War II has shown that deaf and hard of hearing persons can take their places in the vocational world with comparable efficiency to any so called normal group.

The General Assembly of Illinois has passed legislation enabling school districts to provide special education for their deaf and hard of hearing children between ages of three and twenty-one. Provisions of the legislation include (1) reimbursement of school districts for the excess costs of such special education, (2) permission to establish special classes and services for children with hearing loss, and (3) responsibility for transporting such children to established classes in other districts when the district of residence does not provide the special education.

It is hoped that this legislation will be viewed both as an opportunity and as an obligation. Special education is most successful when predicated on a desire of the district to serve these handicapped children by providing an adjusted program based on the needs, interests, abilities, and disabilities of the individual child. This requires specially trained teachers, special equipment, and an adjusted curriculum.

At the present time limited opportunities are available in a few districts in Northern and Central Illinois. No special classes in public schools for children with hearing handicaps exist south of Springfield and Champaign, except in East St. Louis. Thus the entire south half of the state and large areas in the northern half are at present unserved.

Few teachers have failed to come in contact with children who are handicapped in hearing. Often they have been classified as inattentive or careless when a correct analysis would have shown their inability to maintain a full interest due to their hearing difficulty. Many misunderstandings have developed in regard to this group, chief of which is centered around the thought that deaf children were dumb (with all the odious interpretations of the word "dumb").

It is sound legislation that provides for an educational program for these children. The law itself sets up the objective as an educational program that will help these people to adjust themselves socially and vocationally. It is incomplete planning for the State to provide only pensions and assistance to maintain people who have every right to become independent of that kind of assistance. Relatively small sums of money, if properly applied in an educa-

tional program during the plastic and developmental years of youth, will save the State greater appropriations than otherwise would be used in caring for these people through adulthood.

The glory of American education is in its program of recognizing the integrity of the individual. It is the democratic way. It is the efficient way. It is the self-respecting way.

This circular is prepared to assist school boards, administrators, and teachers in providing the essential educational services for deaf and hard of hearing children under the Illinois Plan. It has been prepared during the past two years following careful study and conference by the following committee appointed by the Superintendent of Public Instruction.

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This committee has had much valuable help from the following in preparing special reports and in evaluating this report as it has developed:

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## PHILOSOPHY

### *I. General Philosophy of Education of the Exceptional Child*

Basic to the special philosophy and organization of services for any group of handicapped children, such as the deaf and hard of hearing, is the whole problem of dealing with all exceptional children.

All children may be considered as exceptional in some respects. These exceptions may be in the form of special talents or abilities, or they may be in terms of certain handicapping conditions. Therefore, it is better to think of special education, or special treatment and services, as applying not so much to certain children as to certain conditions. No definite line of demarcation can be drawn, on one side of which would be placed the exceptional child and on the other the normal child.

It is important to remember that those children we refer to as exceptional, or handicapped, or talented, are very normal individuals in many respects. Likewise, the so-called normal child may have certain exceptional traits or conditions that would profit from special education and attention. The child who is deaf may be normal in all other respects. He may be in good health, a fine athlete, as mentally alert and efficient as any other child. He will have likes and dislikes, loyalties and appreciations, desires and ambitions, friends, and enemies. He may be rich or poor, well-dressed or shabby, responsive or shy. The so-called normal child, who has good hearing, vision, health, and mental abilities, may be exceptional in many ways. He may find arithmetic easy and music difficult. He may like mechanics and dislike art. He may be cooperative in school and a bully at home. He may have spells of delight and ambition, or tantrums and selfishness. When he has a cold or a bad disposition, he is at least temporarily in the group of exceptional children.

This thinking is important in establishing a program of special education. We realize that the proper treatment of any child is in considering him as a "whole child". His one handicapping condition that is the most exceptional should not isolate or condemn him in his entirety. He must have the opportunities to grow and live in as near a normal situation as possible. While certain special techniques and opportunities must be provided due to his one great deviation, yet he must have all other normal advantages and considerations.

The best programs of special services are those that not only provide adequately for the exceptional needs of those pupils whose handicapping conditions are greatest, but also make those services available for children whose deviations are minor.

It is also important in providing for the educational program of exceptional children to realize the necessity of giving adequate atten-

tion to their physical, mental, and social health. It may be that these are of greater importance. Society has ways of being cruel and of ignoring or neglecting some of these children. In one Illinois community several deaf boys were so neglected that finally they were judged on the basis of their behavior. They were called nuisances, and some steps were taken to see if they could not be incarcerated as delinquents. To the credit of leaders in that community it can be said that by providing special educational services based on their hearing handicap, these boys proved their right to be considered normal in all other respects.

*Yet many other children, not so fortunate, are adjudged delinquent or of low mental ability by a society that itself has cultivated the social maladjustment that shows up in the handicapped child.*

The problem of an adjusted educational program for exceptional children has a very important corollary in the field of adult education. All children are in a position of having to meet standards and follow procedures where the pattern is largely determined by adults. This is especially true of handicapped children. Because of their handicap, they often receive more care or supervision than other children. Therefore, it is extremely important that these adults—parents, teachers, doctors, and others—observe the most intelligent practices in dealing with them. Many devoted and sacrificing parents further handicap the child by doing too much of his thinking for him; or, by waiting upon him in all his wants; or, by furnishing too much sympathy and affection. Such well-intended actions may give the child a wrong pattern of conduct. It may destroy the will to do things for himself which is so important in overcoming handicaps or, it may make him content with the situation. The adult must realize that over protection may be as harmful as neglect. It is a good illustration of “what is knowledge without a little bit of wisdom”.

It may be very easy for a plan of special education to be worked out on paper. However, when the administrator and the teachers begin to put it into practice, they are constantly confronted with a variety of new decisions to make. This, too, is a phase of the adult education problem. It requires study and thought to keep special education from becoming “a reasonable facsimile” of the traditional procedures of group handling and instruction.

The Educational Policies Commission has given 4 major objectives that apply to the normal child. (1) *Self-realization* (2) *Human relationships* (3) *Economic efficiency* (4) *Civic responsibility*. Somewhere in these four aims the educator will find all the things that meet the needs of the exceptional child.

## **II. Statement of Philosophy for Education of the Deaf and Hard of Hearing**

A small amount of shifting snow may develop into an avalanche. To understand the devastating problem of deafness it may help to start by recognizing the relatively unimportant problems of the slight defects in hearing.

These cases of small hearing difficulties are numerous. Every teacher sooner or later comes in contact with them. Frequently they

are not recognized and various maladjustments develop. The child does not move up closer to the teacher, or he doesn't cup his hand over his ear as the adult often will, or he does not wear a hearing aid (visible evidence of his difficulty). He may try to adjust by guessing, or later learns to read gestures and other expressions of the speaker. Failing to make the adjustment this way he may develop a nonchalant attitude that makes one think he had heard. Then, as discrepancies appear, his nonchalance is interpreted as carelessness, indifference, or even rudeness. He is accused of being uninterested, inattentive, mischievous, disobedient, or incorrigible. It is evident that he is not cooperative—a poor citizen of the school. His grades suffer—he is mentally slow. A great avalanche of destructive qualities sweeps over his personality. It started with a little bit of snow—his slight hearing loss.

Many of the deaf and hard of hearing cases started with slight hearing defects. The problem is, therefore, not merely one of special education for the severe cases, but unrelenting effort to find and deal with all cases in their beginning stages. There is too much history of "millions for care but nothing for prevention".

When a school is properly screened or tested by the group audiometer, there will probably be some deaf and hard of hearing cases. There will be more of that group with milder defects who can profit for such special services as lip-reading. Many will combine lip-reading with their faulty hearing to a point of great efficiency in interpreting what is said. This indicates an important point. Special education for the deaf and hard of hearing is not always something confined to extreme cases and requiring special rooms and equipment. It may begin in any room by the application of special technics and services.

A program of special education for children who are deaf and hard of hearing begins with a desire of local communities to do the special things necessary to educate these children as near normally as possible so that they may take their places efficiently in normal society. The General Assembly may appropriate money for the excess costs of the program, but only the local district that establishes the class can provide the vision and supervision to make the program effective.

The war has shown that deaf and hard of hearing people are valuable in the manpower of the nation. One of the lessons of war to be translated into peace should be that they can be just as useful vocationally in normal times. With improved skills in training these children, and with a newer and more wholesome philosophy, the old practice of relegating the individual with hearing limitations to the shoe cobbling business should change to the point where these individuals with all of the various characteristics of normal people should and will take their place in every vocation and sphere of activity. Let us then educate them to be happy, well adjusted, useful deaf and hard of hearing persons—not imitations of hearing ones.

## THE ILLINOIS SITUATION

One of the major problems in planning services for deaf and hard-of-hearing children is the lack of conclusive statistics as to just how many such children there are. Two studies which have been done recently in the northern part of the State give us some estimates as to the rate of occurrence of deafness or other hearing defects among school children here in Illinois. The studies made in Evanston and Will County were set up on a similiar general plan. Group tests with a group puretone audiometer or phonograph tests were administered; followed by individual testing, otological examinations, medical and educational follow-up. The following facts were found:

	Evanston	Will County
Number of children enrolled in schools.....	6257	21,053
Number of children tested.....	5865	20,663
Absentees .....	392	390
Number of children referred for medical attention .....	153	1,260
Number of children recommended for Special Education .....	26	257

On the basis of the 1940 census there are 1,984,310 children under 21 years of age in the State, and from the above figures it is assumed that 1% or 19,843 children have hearing involvements of some type. Presumably, this number relates to children thought to be in need of some special education because of their handicap. However, a great majority of these have ear conditions which can be brought to normal by proper care, or they have so slight a hearing loss that they can get along satisfactorily in the regular classroom in a favorable seat.

The National Health Survey in 1935 and 1936 did a much wider study of persons with impaired hearing, using individual audiometer tests and otological examinations. The examiners found an average hearing loss of 47 decibels or more in the speech range for .26% of children 5 to 14 years old and in .32% of those 15 to 24. This is a sufficiently severe hearing loss to necessitate some special educational program. If we apply these rates to the 1940 Illinois population of school age, i.e. 5 to 20, we have 5,602 children needing special education because of hearing defects.

Except for statistics from schools and classes for the deaf showing that Chicago has 522 such pupils, Downstate 171, Jacksonville 380 and a private school 60; totaling 1,163, we have few accurate figures on occurrence of deafness among the school population. The 1930 census, the last which attempted a count of deaf persons in the general population, reported 587 deaf persons, 5 to 19 years of age in Illinois. The census report itself indicates the unreliability of its figures, since families tend to conceal the presence of a deaf mem-

ber, and the enumerator has no way to evaluate the extent of hearing loss. This figure is a great deal too low.

We have then somewhere between 5,600 and 19,843 Illinois children of school age who need the help of special educational methods to overcome the handicap of defective hearing. At the present time, the following list of communities have day classes established for the education of these impaired children.

- |                    |                  |
|--------------------|------------------|
| 1. Aurora (East)   | 9. Joliet        |
| 2. Champaign       | 10. Moline       |
| 3. Chicago         | 11. Peoria       |
| 4. Chicago Heights | 12. River Forest |
| 5. East St. Louis  | 13. Rockford     |
| 6. Elgin           | 14. Springfield  |
| 7. Elmhurst        | 15. Waukegan     |
| 8. Evanston        | 16. Winnetka     |

It is in startling contrast to learn that these day schools plus the State School at Jacksonville are meeting the needs of approximately 1,163 children when there are between 5,600 and 19,843 acoustically handicapped in Illinois. What is YOUR school doing about the situation in Illinois?

## THE ILLINOIS PLAN

The development of the program of Education of Exceptional Children in Illinois has been through piece-meal legislation. However, the various steps in this development have led to the present plan which places Illinois as one of the states with the best legislation and program in the nation. The responsibility of establishing a program rests with the local public school district. The establishing of standards and the overall supervision are responsibilities of the office of the Superintendent of Public Instruction.

The Illinois Plan, which is being developed on the basis of present legislation, provides an opportunity for school boards to establish classes for handicapped children, the actual excess cost of these classes to be paid by the State up to a maximum of \$300 annually for each physically handicapped pupil, \$300 annually for each hard-of-hearing pupil, \$300 annually for those eligible for sight-saving classes, \$250 annually for the educable mentally handicapped, and \$190 annually for the delinquent, truant, incorrigible, and other types of maladjusted children.

In densely populated centers, special schools may be organized for one type of handicap with classes at various grade levels. In other "centers", it may be necessary to bring handicapped children of different ages and grade levels into the same class.

Adjusted programs, providing for special instruction to such groups as speech defectives, may be arranged with the pupils spending most of their time in the regular classrooms of the school. Other variations of the plan include classes for individuals or groups in hospitals or homes.

Provision is also made for transfer and tuition of pupils living in one district and attending a "center" established in another district. If two districts are entitled to payment because one is the residence of the pupil and the other contains the "center", each can be reimbursed by reason of furnishing special educational facilities or transportation to the same child. The district of residence must pay its normal per capita cost as a tuition to the district conducting the class. The district of residence may be reimbursed up to \$300 per child per year for transportation costs in getting the child to and from such special classes in other districts. The district conducting the special class may be reimbursed for the excess cost of such special education up to a maximum of \$300 per child per year. This provision opens the door of opportunity to children in rural and small districts where a center for several districts or the entire county might be established at a central location, or in a larger populated community. In this way, clinical and specialized services may be available as a supplement to the educational program.

School Districts of Illinois have the opportunity and responsibility of providing for the special education of their deaf and hard-of-hearing children. Children between the ages of 3 and 21 are eligible, and every school district should take steps to see that all deaf and hard-of-hearing children are given educational opportunities if they are not enrolled in the Illinois School for the Deaf or in public school day classes. Such a program may mean the enlarging of existing facilities, the establishment of additional classes, or the transfer of children to districts that are equipped to provide the special educational services needed.

## ORGANIZATION

*Standard I. Establishment of Classes. The Special Classes or Services shall be Established by the School Board and Notice of such Classes shall be Reported to the County Superintendent of Schools and to the Superintendent of Public Instruction within Thirty Days in Triplicate on the Form Entitled "Application for Conditional Preapproval of Plan for Special Education for Children who are Deaf or have Defective Hearing."*

The law definitely places the responsibility for establishing schools, classes, and services for the deaf and hard-of-hearing with public school boards. No other agency may be reimbursed by the State for the excess cost. Private schools, parochial schools, state schools, hospitals, and other agencies do not come within the law. The Superintendent of Public Instruction or the County Superintendent can only give guidance to the local district for the establishment of classes. This is in keeping with the philosophy of special education, that it should be *a part of* and not *a part from* the regular school program. The district is empowered by the law to employ teachers and supervisors and to prescribe the course of study.

Since the problems of teaching the deaf and the hard-of-hearing differ greatly, a set-up approved for reimbursement must include the personnel and facilities for meeting the educational needs of both groups. A district is not meeting its full responsibility in providing only for the hard-of-hearing.

*Standard II. Eligibility of Pupils. The Eligibility of Pupils shall be Determined by a Qualified Otologist.*

It is imperative that it be kept in mind that the educational methods and problems of teaching the deaf and the hard-of-hearing vary greatly. Hard-of-hearing children are to be educated as hearing children with the addition of special considerations and techniques received from the special teacher.

All agencies dealing with the deaf, deafened, and hard-of-hearing do not agree in defining the terms. The Illinois plan for the education of children with hearing deficiencies is based on the following three definitions.

*Hard-of-hearing*—Those in whom the sense of hearing, although defective, is functional with or without a hearing aid; who have useful hearing, and who, in spite of their handicap, did learn language in an unconscious, casual way like the normal hearing child.

*Deafened*—Those rendered deaf after having once heard normally, especially having developed the ability to produce and comprehend speech.

*Deaf*—Those in whom the sense of hearing is non-functional dating from before the age at which the comprehension of speech is normally acquired; who have no useable hearing, and who have never learned language incidentally in the ordinary way—in the way normal hearing children pick it up from their environment—casually, unconsciously.

After screening tests have been given on the pure tone audiometer, and a child gives evidence of a hearing deficiency, he should immediately be recommended to an otologist. This qualified person will be able to determine the type and amount of hearing loss as well as the prognosis of the case. It is upon his diagnosis that the eligibility of a pupil can be determined. Then the responsibility for establishing a class, and providing adequate procedures for this eligible pupil rests with the local district. The Division of Special Education in the office of the Superintendent of Public Instruction will be glad to advise and assist in the steps of a good hearing program.

## WHAT CONSTITUTES A GOOD HEARING PROGRAM

Leading educators believe that if classroom teachers were made "hearing conscious" and instructed as to behavior which often indicates a hearing deficiency, they would more readily recommend students for hearing observation. Statistics prove that (1) fifty per cent of adult deafness could either have been corrected or prevented from growing worse if medically treated during childhood, (2) the hearing of a great number of our children responds to medical treatment, and (3) the loss need not be permanent. The following are common clues which may indicate a hearing impairment:

1. Speech defects (except stuttering): Omission and substitution of sounds; dropping final consonants.
2. Voice defects (inadequate control of pitch and volume)
3. Inattentiveness and lack of interest.
4. Unusual position of head, such as turning one ear towards speaker.
5. Numerous requests to have words, dictations, and assignments repeated; frequent use of "what" by the child; slow response to questions; misinterpretations of assignments and explanations.
6. Inability to hear group conversation, as indicated by frowning, tense expression and straining forward; failure to know direction of voice or who spoke.
7. Language difficulties.
8. Tendency to withdraw from verbal discussions and group projects.
9. Earache, ear discharge, ringing or buzzing in ears, blocked sensation in the ear, numerous colds, nose and throat complications; sudden change in attitude and response after illness (especially high-fevered disease); unexplained fatigue.
10. Social or emotional difficulty.
11. Repeaters, especially children who have recently presented a scholastic problem with no apparent reason for such difficulty.
12. Children needing remedial reading.
13. Children with cleft palate or cerebral palsy.

Before any program can be established the need for such a program must be shown. Teachers in all classrooms have children which

show signs of hearing problems. It is up to the teacher to "spot" such cases and make sure they are screened and tested in the following program.

#### A. ANNUAL TESTING OF CHILDREN

1. Detection of hearing losses is accomplished by audiometric testing.

A screening test is given with a phono-audiometer or a pure tone audiometer with screen testing technique. Any child who fails the screening test is given an individual pure tone test.

#### B. MEDICAL REFERRAL

1. If a hearing deficiency is indicated after screening tests have been given on the pure tone audiometer, the child is recommended to an otologist.

#### C. REQUIREMENTS FOR PLACEMENT

1. Degree of Hearing Loss: Several audiometric tests of hearing acuity with a pure tone audiometer are necessary in order to determine the degree of hearing impairment. It is hard to justify special placement for a child whose average loss for frequencies 256, 512, 1024, and 2048 is less than 30db. in the better ear, although a child with a smaller loss can frequently profit from training in lip reading and speech.

DECIBLE LOSS	SUGGESTED HELP
0-20.....	Proper seating
20-40.....	Proper seating, lip reading, speech correction, voice training
40-60.....	Proper seating, lip reading, speech correction, hearing-aid if recommended and acoustic training
60-80.....	Same as above, special techniques
80-100.....	Same as above, special techniques

Even though a child, whose loss is less than that suggested above, should not be removed from his regular class, it does not hold that one whose loss is greater must be given special school placement.

Certain youngsters whose losses are much more severe will be able to continue successfully in the regular public school set-up because:

2. Age of Onset of the Difficulty: The age at which the aural handicap is encountered has a great deal to do with the resulting education retardation. A child, whose hearing was normal or nearly so until after he learned to talk or after he began to read, has a better chance to succeed in the usual school situation than one who had impaired hearing earlier in life. It is not uncommon for children, whose speech and reading skills were established before their hearing was affected, to make normal school progress. A child whose hearing handicap has prevented his learning speech has very little chance of succeeding in public schools unless special teaching is available for him.

3. Home Cooperation: The acoustically handicapped child requires a great deal of individual help if he is to acquire the mass of general information which a child gets as part of his ordinary experience. In exceptional cases where parents have the interest and

ability to help a child build a vocabulary or to assist in the training of language skills, a child may adjust successfully in the regular classroom instead of requiring special school placement.

#### D. EDUCATIONAL FOLLOW-UP

1. Determine Innate Educational Potentialities: Although intelligence is considered one of the most important factors in determining school success, no child's mental ability can be evaluated nor school achievement predicted through mental measurements alone.

The hard-of-hearing, because of their adequate language ability require no specially constructed tests. Scales used for measuring both the deaf and normal hearing child may be successfully employed with the hard-of-hearing. This is not true in measuring native intelligence of the deaf. Because of their language deficiency, objective tests known as group and individual performance scales were constructed. Some of these are:

<b>Individual Performance Scales</b>	<b>Ages For Standardization</b>
Drever Collins .....	3
A. H. Baird, Scientific Instrument Maker, Lothian St., Edinburgh, Scotland	
Grace Arthur .....	5-15
Materials; C. H. Stoerlting Co., Chicago, Ill. Manual; The Commonwealth Fund, New York	
Merrill Palmer Test Mental Age.....	18 months—5
Psychological Corporation, 522 Fifth Ave., New York 18, N. Y.	
Nebraska Test of Learning Aptitudes for Young Deaf Children Department of Educational Psychology and Measurements, Lincoln, Nebraska	
Ontario School Ability.....	3-15
Ryerson Press, Toronto, Ontario, Canada	
Pinter Patterson .....	4-15
Materials; C. H. Stoerlting Co., Chicago, Ill. Manual; Teachers College Bureau of Publications, Teachers College, Columbia U., N. Y.	
Porteus Maze .....	3-14, adult 1
C. H. Stoerlting Co., Chicago, Ill.	
Vineland Social Maturity Test.....	infant to adult
Speciman Set and Manual; Psychological Corporation, 522 Fifth Ave., New York 18, N. Y.	
<b>Group Performance Scales</b>	
Pintner Cunningham Primary .....	Kdgn., 1-2
World Book Co., 2126 Prairie Ave., Chicago 16, Ill.	
Printner Non-Language .....	4-8
World Book Co., 2126 Prairie Ave., Chicago 16, Ill.	

Good educational practice should require a careful study of each child's mental ability and educability as well as other learning factors and characteristics. In many cases the teacher and supervisor can determine whether the child has a sound mind, but whenever possible it is advisable from both the standpoint of eligibility and of good school practice to have the examinations made by specialist in testing. A list of qualified psychological examiners may be obtained from the Department of Public Instruction.

2. School Help Available: It must be borne in mind that a child with reduced hearing is much more like a normal child than he is unlike one.

A hearing problem may make it more difficult to teach a pupil, but it does not in itself make it impossible to teach him. While it is

unjust to criticize a classroom teacher because a severely handicapped pupil fails to make normal progress in his room, there is no doubt that this same pupil will have his best chance to succeed with a teacher who really attempts to teach him in spite of his difficulty. Reasonable consideration in the classroom, with or without additional tutoring, may enable a child with a marked impairment to learn in the regular classroom. Because hearing is highly individualistic, two children having the same loss do not necessarily have the same educational program—the individual needs of each child determine his educational adjustment. The following suggestions are given to classroom teachers:

- a. Any special considerations that are shown to a hard-of-hearing child should be given without calling attention to his impairment.
- b. The acoustically impaired child should be seated near the teacher in the front of the room. If the hearing deficiency is definitely greater in one ear than the other, seat the child in a *front corner* seat so that his better ear is toward the class.
- c. The child should be encouraged to watch the lips of the teacher whenever she is talking to the class.
- d. Permit the child to turn around and face the class so that he can see the lips of the reciter.
- e. The child with a hearing impairment *must* see your lips, therefore:
  1. Don't talk while writing on the blackboard.
  2. Don't stand with your back to the window while talking. (Shadow and glare make it difficult to see your lips.)
  3. Keep your hands and books down from your face while speaking and do not move your head. Don't use gestures to indicate thought, etc.
  4. Stand still while speaking with a normal amount of light on your face.
  5. Be sure you have his attention before giving assignments.
  6. Don't exaggerate or "mouth" words. Speak naturally and avoid using loud speech.
  7. Use similar words in sentences to show meanings. (ie. I gave them *their* coats. The boys are over *there*.)
  8. Be very patient with the hearing handicapped child and make sure that things don't get by him. If the child with impaired hearing misunderstands, re-state the questions in a different way. You may be using words with invisible speech movements, and he may understand it through different word context.
  9. Allow the child with impaired hearing to read ahead on a subject to be discussed.
  10. Insist that he knows the assignments for the next day.
- f. Keep the child "speech conscious" and help him to resist the usual damage to the voice that results from a severe hearing loss. Don't allow him to shake his head or speak in phrases instead of complete sentences.
- g. Stimulate his residual hearing and add rhythm to his speech by encouraging him to participate in musical activities such as vocal music and choral reading.
- h. Teach the child to use the dictionary with skill; to learn the pronunciation system so that he can attack and pronounce new words. The Thorndike Dictionary is especially helpful.

i. A loss of hearing directly affects language background; therefore, encourage the child to take an active interest in reading, spelling, social studies, original language, and other language arts.

j. The hearing handicapped child becomes more easily fatigued because of the close attention he must give. He needs frequent periods of relaxation.

k. Make the child feel his part in the group and their activities. Be careful that he is not WITHDRAWING from such activities as a result of his handicap.

l. Encourage the child to face his handicap and accept it. Be a friend to the child so that he will have confidence in making his adjustment to the hearing world.

m. Parents should know the truth about the child's educational achievement.

n. Try to prevent colds, throat and nose complications, running ears, etc., in the child with a hearing impairment. If they do occur, see that the child receives medical attention at once.

o. Try to keep the child grade for grade and level for level in his academic work with his hearing class mates.

#### E. VOCATIONAL FOLLOW-UP

1. Vocational training (to capitalize on aptitude)

2. Vocational guidance (to establish security)

3. Vocational placement (to capitalize on educational program).

The educational follow-up being the crux of the program)

#### F. COMMUNITY EDUCATION

1. To remove stigma attached to the handicapped and to further special programs.

2. Interest local service clubs into helping groups of children.

3. Community wide health program as prevention against contagious diseases.

*Standard III. Admission to Classes. An eligible Child may be admitted to Classes when the Plan of Special Education as Described in the Application for Preapproval Indicates a Program Adjusted to his Needs, Interests, Abilities, and Disabilities.*

The Superintendent of Schools or someone designated by him shall have the final determination as to which child shall be admitted to special classes or services. This is in keeping with good school administration. Of course, the Superintendent will take into consideration the report of the otologist. He will also consider other factors including the size of the class, the program of services offered, etc., in his final decision. Any loose procedure that allows any doctor, nurse, building superintendent, teacher, or parent to admit children is not in keeping with best school practice. In the same way the superintendent or designated agent should determine when children should be transferred from special classes back to regular classes. It is easy to imagine that a qualified otologist might find a child of pre-school age whose hearing loss indicates the need of special education. It is

very important that deaf children receive educational services at as early an age as possible. Yet the superintendent before admitting this child to the special class would have to determine whether the class is too crowded or the teacher properly prepared to make it advisable to admit this child to the class. The superintendent will want not only the report of the otologist but will want certain educational and social data in regard to some pupils.

Definite procedures should be worked out whereby classroom teachers, nurses, and parents refer cases of hearing irregularity to the superintendent. He can then refer these pupils to proper agencies for determining whether they should be admitted to a special room or whether they would be best served by remaining in a regular class room with special attention to their hearing difficulty.

***Standard IV. Accumulative Case Records. Individual Cumulative Case Records Must be Provided and Filed in the Class Room. Any Plan of Special Education Must be Based on the Thorough Study of the Individual and the Factor of his Environment.***

It is difficult to picture any plan of special education based on the individual needs, interests, abilities, and disabilities of each child unless individual case studies are made and complete records kept. The office of the Superintendent of Public Instruction will consider this an item of major importance and will give this considerable weight in the visitation report. (See Appendix.) These case records should be cumulative and as they are added to from year to year should furnish the basis for the educational and vocational guidance of each child. They should include:

1. General information; name, sex, age, address, etc.
2. Family and home data: names of parents; nationality, race, occupation of parents; language; number of and special interest features pertaining to brothers and sisters and other members of household; general type rating of home; traits and influences of home and parents; home attitudes, habits and ideals; conditions as to use of narcotics, drugs, alcohol, etc.; financial status of home; investigation of any economic needs; religious surroundings and influences.
3. Developmental and personal history: Family circumstances prior to birth; influencing circumstances at birth; childhood development regarding growth, teething, walking, talking, etc.; health history, diseases and their effects.
4. Environmental factors: Playmates and associates; neighborhood; clubs, play and recreation.
5. Medical and physical examination: General, thorough physical examination; included as needed—examination by specialists, clinic and other services; child's history from birth to present—illnesses, operations, causes of affliction, time hearing deficiency first noticed, audiometer tests, visual acuity; thorough technical study of any handicaps of restrictions; growth charts showing weight and height.
6. Mental examinations: Technical and thorough tests covering intelligence, aptitudes, interests, emotional responses, etc.; special technical attention to deviation of handicap—for example, the deaf child may need especially adapted testing programs, etc.
7. Psychiatric examination: Thorough and technical; case study method including interviews, personality study, and consideration

- of all other available mental and medical examination data, personal and family information; education records and the like.
8. Social maladjustment study: If needed, this (like the psychiatric examination) may cover all main data from other examinations and studies listed above. Special case study of maladjustment experiences and problems, contact with police and juvenile court; investigation of neighborhood, gangs, and other agencies that can interpret maladjustment; location of community forces possible to be used to redirect interests and motives. Recommendations should be made after counseling with all agencies cooperating in child welfare.
  9. Educational history, if any: Scholastic records including speech reception testing, speech, language and lip reading ability, number of grade repetitions; special considerations given child (advantageous seating, hearing aid, tutoring, etc.); intelligence and achievement rating; emotional history; yearly audiometric tests; extra-class and activity interests; conferences with present and former teachers; conferences with parents; samples of pupil's classroom work.
  10. A "follow-up program": Continued interest, cooperation, guidance and follow-up program are needed. Many pupils will need guidance and attention after their formal education is ended. We have not completed our full responsibility to the acoustically handicapped until they are placed vocationally. The good work started must be carried on.

### ***Standard V. Size of Classroom Enrollment***

The size of the classroom enrollment is determined largely by two factors—the number of educational levels and the degree of hearing losses represented therein.

Several grades of learning levels may be represented in one classroom. This is often found in the small day schools for the deaf. Because of the heterogeneity of educational levels within the group, it is referred to as a "multiple set-up". As enrollment increases, the room loses its multiplicity of levels because additional classrooms evolve and a larger school results. In a multiple set-up, a maximum of five deaf children would justify a room for the deaf if adequate results are to be obtained. In graded situations, where one or two learning levels are operating, the classroom enrollment may vary. The young deaf child requires considerably more individual instruction than does the more educationally advanced deaf child and is less capable of participating in normal hearing classes. Consequently, fewer children are enrolled in the lower grades. However, after group instruction develops and becomes predominant, the inclusion of the deaf into normal hearing classrooms becomes more frequent. Thus the enrollment may be increased to a maximum of 8 to 12 children, depending upon the educational level.

The other influencing factor, which helps us determine the size of the classroom enrollment, is the varying degree of hearing impairments represented. The needs of the hard-of-hearing child as compared with the deaf are not the same. The hard-of-hearing child is educated by the same methods as is the child having no loss of hearing. However, a hard-of-hearing child due to his hearing deficiency may require additional help in remedial reading from the regular classroom teacher and lip-reading and speech correction from the speech correctionist. In instances where the handicap is causing academic failure despite the assistance from those sources, special tutoring

should be provided for by the teacher of the hard-of-hearing. She will rehabilitate the child in the subjects most difficult for him but will retain him in the normal classroom subjects in which he can successfully cope. The amount of time spent with normal classes reduces the special teacher's load, and she in turn is better able to broaden her scope of assistance for other children. The maximum enrollment of the hard-of-hearing in graded situations totals approximately 16 in the primary levels, 18 on the intermediate level, and 20 on the secondary levels. The deaf child, because of his language and speech deficiencies, is considerably more educationally retarded than is the hard-of-hearing child and requires special methods of instruction. Consequently, inclusion of the hard-of-hearing child in classes for the deaf is discouraged unless both are participating on secondary levels where the rate of academic achievement is, to a degree, synonymous. Because of this educational problem, the deaf enrollment should be about half as large as that of the hard-of-hearing. If the group is graded, adequate teaching can be accomplished with 8 enrolled in the primary levels, 10 in the intermediate levels, and 12 in the secondary levels. Reasons for this gradual increase in classroom population are the same as those stated for the multiple set-up.

A classroom in which is found a combination of multiplicity of learning levels plus various degrees of hearing deficiencies is called a "double multiple set-up". Such multiple set-ups are predominant in one room day schools for the deaf. Usually the larger per cent of the room enrollment in such set-ups is comprised of hard-of-hearing children. Because of their greater educational independence as compared with the deaf, the enrollment usually exceeds the multiple deaf enrollment by 2. The number recommended for a double multiple set-up seldom exceeds 7 if proper training is to result.

The following chart illustrates the distribution of classroom enrollment based upon its own resources, namely, the number of learning levels and degrees of hearing deficiencies represented within the group. It will be noted that the more heterogeneous the group, the smaller the enrollment and the more homogeneous the group, the larger the enrollment.

	MULTIPLE SET-UP		GRADED LEARNING LEVELS		
	Various learning levels	Pre- Primary	Primary	Intermediate	Sr. H. Jr. H. AV'G
Hard-of-Hearing	10	16	18	20	18
Deaf	5	8	10	12	10
Deaf and Hard-of-Hearing	7	9	12	14	13

### *Standard VI. Curriculum. The Curriculum Must be Adapted to the Individual Needs, Interests, and Abilities of the Pupils.*

The educational program of the acoustically handicapped child should begin at the time the hearing impairment is first noticed. An adequate foundation in speech, lip-reading, language, and the use of residual hearing should prepare the child to assume his rightful place in the school with hearing children. He should be afforded the same

educational opportunities as the hearing child. He can be given the same school curriculum with adaptations as his hearing school mates and scholastically be kept grade for grade, level for level with them. By developing his interests and satisfying his needs, the hearing impaired child will grow and develop in the same manner as the hearing child.

With the growing tendency to provide specially trained teachers in public school systems, it is possible for the child with impaired hearing to retain his place among hearing children in the school nearest his home. In this way, the educational program of the acoustically handicapped child parallels that of the hearing child in home and school environment. The advantages of the home, association with hearing children, and an altogether normal environment are of equal importance with the curriculum offered by the school. Socialization is probably the most important phase in the education of any child, and particularly the acoustically handicapped. The hard-of-hearing or deaf child has to live in a hearing world, and as soon as the hearing world knows something about the problem of the acoustically impaired, the better. It should be the responsibility of the regular class teacher to see that the hard-of-hearing child has an opportunity to live in a hearing world with some medium of understanding.

The work of the special teacher encompasses an integration of the classroom work, parental guidance, and individualized therapy for the benefit of the handicapped child. Daily help in the improvement of speech, lip-reading, and language, through the use of residual hearing, if possible, together with the necessary coaching in subject matter material is essential. Close curriculum reports of materials taught need to be kept in each child's file to enable those working with him to know what experiences, training, and work has been done with him. Through close contact with the classroom teacher, other special teachers, school officials, classmates, and parents, the teacher of the acoustically handicapped guides and directs the individual child. It is the function of the special teacher to coordinate the efforts of all the people who come in contact with the exceptional child to see that proper adjustment is made possible.

#### *Standard VII. Supervision. A Satisfactory Plan of Co-operative and helpful Supervision by the Administrative and Supervisory Staff of the School Districts is Essential.*

No plan of special education can succeed if it becomes a thing *apart from* instead of a *part of* the entire educational plan. It must have the wholesome interest of the superintendent and building principals. The special class is just another class in the total school program. Handicapped children receiving special services in these classes are still members of the entire student body. They must have contacts with the normal life of the school. Some of them attend other classes part time. They are on the playgrounds and in the corridors of the building. They attend assemblies and participate in the programs. They use the library and other facilities. They

are problems of school reports, checking attendance, transfers, supplies and equipment, janitorial services, and general control of the school the same as normal children.

It is also the responsibility of the supervisory staff to see that the purposes of special education are properly interpreted to the entire teaching staff. Some of the children with defective hearing spend part of their time in regular classrooms. It therefore becomes necessary to have understanding cooperation between the special and regular teachers. The special teacher's suggestions are very frequently welcomed by the regular teachers, who are grateful for the directions given. Let the regular teacher know that her job is made easier, but that her responsibility is not lessened with the help of special teachers. Without a cooperative working relationship the programs do not properly mesh. The philosophy of the teachers of regular grade classes will generally set the pace for the reactions of all children in the school toward the special classes.

The special program for deaf and hard-of-hearing children has certain implications to the entire program. The district has more than a special class—it has a program of attention and service to all hearing problems. Periodic audiometer tests are given to all children. These tests often point to the need of speech therapy, or of attention to tonsil or adenoid conditions. The school nurse will find special problems and special assistance in an enlarged health program.

Too often special classes are started and the special teacher is "let alone". This is tragic to the program. It must be a program of working together.

Proper supervision of special classes and services for deaf and hard-of-hearing children should include the following principles.

1. The purpose of special education is to give special help in overcoming the conditions caused by the handicap. In all other respects the child should be considered a normal individual.
2. A definite policy of admission to classes should be established. Hearing tests, medical and psychological reports from qualified sources, home contacts and interpretations are important. Final admission or withdrawal from the class is an administrative decision.
3. The size of the class should depend upon the individual cases, their degree of handicap and the range of grade levels represented. The maximum should be no more than 15 pupils per teacher.
4. Great flexibility in the program is essential to meet the needs, interests, abilities and limitations of the individual pupils.
5. Educational guidance that merges into vocational direction is essential. In most cases the handicapping condition will remain through life. The adult adjustment—both social and vocational—depends largely on the effectiveness of this guidance.
6. A good program cannot be carried on with inferior housing or equipment. The special room should be as well lighted as a sight-conservation room (at least 30 ft. candles of light in all parts of the room). The child dependent on lip-reading should not be under visual or nervous tensions in making these adjustments.
7. The special class is not a "dumping" ground for a child who should be properly cared for in the regular program.
8. The health objective is always the first objective of education, but it has special emphasis in regard to the physically handicapped child. The program must be adapted to the health program of the child.

**Standard VIII. Building and Room. The Room Must be of sufficient Size and it Must be Properly Located, Decorated, Furnished, and serviced to make possible an approved program of Special Education.**

**BUILDING AND ROOM**

**Location:** The special class should be assigned to one of the centrally located buildings of the school district that has the best transportation facilities. Children will of necessity be transported from a large area, and in many cases can arrange for their own transportation by bus, cab, or train service. The closer the building is to the terminals of available transportation the greater will be the safety and ease of travel.

**Noise:** Unless a sound proof room is to be provided for conducting hearing tests, the special room should be located in a quiet part of the building away from outside noises. This provision will allow the best conditions for administering individual hearing tests, training residual hearing, and doing speech work.

**Acoustic Properties:** Reverberation distorts sound and adds to the difficulty of hearing easily and comfortably when using mechanical aids. Draperies and rugs will absorb sound; their use is to be encouraged if the walls cannot be specially treated with sound proofing material.

**Light:** Every possible precaution should be taken to protect the eyes of a child with impaired hearing since they are the chief avenues of his learning. Choose the room that affords the greatest amount of natural light. Avoid the glare resulting from shiny surfaces, e.g., metal stripping, blackboards, highly polished furniture, glazed walls, etc. Glare quickly tires the eyes and adds to fatigue. Artificial light should be given much attention in order that it might afford maximum efficiency and eye health to heavily taxed eyes.

**Furnishings:** The happiness of children is conditioned to a great extent by their immediate environment. Whatever can be done to make a cheerful and an attractive room will pay dividends in this respect. Because these children are drawn from a large area, they will be spending a longer day in the building and will need the comfort of good furnishings, cots or davenport's for resting, a work shop corner for leisure time activities, and a library corner for free reading. With the addition of a rug and well chosen pictures, such a room will be a source of inspiration and joy.

**Standard IX. Equipment and Instructional Supplies. Classes Must be Provided with the Amount of Equipment and Supplies Considered Adequate by the Superintendent of Instruction.**

The room selected for a special class for the deaf and hard-of-hearing should be in a quiet, but not isolated part of the school building in which there are classes for normal children corresponding in age and achievement with the pupils enrolled in the special class. There is an advantage in having the walls and doors of the classroom sound-treated and in covering the floor with linoleum or cork. The following equipment is ordinarily essential:

1. Having a group hearing aid is of prime importance. It should be equipped with a sufficient number of earphones so that each pupil can have one to wear at all times. Each of these earphones should have an individual plug and volume control. Lines running

from the amplifier should be permanently installed in the floor or under a protective cover so as to run beneath the pupil's desks, along the base of the blackboard, and to other parts of the room in which the children are apt to work. Jacks should be placed along the lines at each desk and at regular intervals along the blackboard so that pupils will be able to use their phones in various parts of the room. Having a phonograph attachment for the group aid is important for acoustic training. A radio attachment is desirable but not essential.

Carefully fitted individual hearing aids could do away with the necessity for the group instrument, but generally it will be more satisfactory to have the group aid and permit those who have individual aids to use them. The use of individual aids should be definitely encouraged provided the following precautions are taken:

- (a) The child has shown benefit from auditory training which has included adequate experience with a classroom hearing aid.
- (b) The degree of loss and the kind of loss, determined by the audiogram suggests an aid would be helpful.
- (c) It is recommended by an otologist and the special teacher working with the child, with a person having detailed knowledge of hearing aids making the final selection.
- (d) A trial period of use has been arranged so the teacher, child, and parent can determine the advantages forthcoming.
- (e) The child has been studied, and he is psychologically ready for the aid.
- (f) The aid should be from a reputable manufacturer and should be properly and promptly serviced by a reliable representative, as to batteries, cords, etc.
- (g) The aid must be financed by the parents or a service agency, as the state makes no provision for reimbursement of individual equipment in this program of special education.
- (h) The child *learns to use* the aid through the training of his residual hearing and the special acoustic work done during specified periods under the supervision of a special teacher.

It is upon this later precaution that the value of the aid is based. Short daily periods of individual help must be given the pupil to have him use the aid to the best advantage.

2. Retest of hearing on a pure tone audiometer are important for all children enrolled in the special class. A pure tone test is a part of the essential data which must be considered before a child is placed in a special class. Therefore, the school system should either have an audiometer or have easy access to one. The microphone attachment for an audiometer is useful in measuring the ability to hear speech.

3. Having a good selection of phonograph recordings of gross sounds, music, and speech is important for auricular and speech training.

4. A variety of noise makers (sand paper blocks, bells, horns, etc.) are also important for auricular training.

5. Picture dictionaries should be provided for non-readers. Standard dictionaries with pronunciations keys should be available for those who can read.

6. Work books are especially useful in teaching the acoustically handicapped pupil. Since his learning while using these materials is not reinforced by hearing as is the case with the normal child, the pupil with reduced hearing will ordinarily need a larger number of

The requirements for teachers who work with children who have defective hearing, but who are not deaf are:

- A. That they fulfill the necessary qualifications of elementary teachers in the public schools of the State of Illinois.
- B. That they obtain a minimum of 22 semester hours in specialized or area courses of the following or their equivalent:

1. Phonetics
2. Speech correction with Clinic (A)
3. Speech correction with Clinic (B)
4. Psychology of the Exceptional Child
5. Audiometric Testing and the Use of Hearing Aids
6. Lip Reading for Hard of Hearing
7. Remedial Reading

The successful teacher of the deaf and hard-of-hearing should have sound physical and mental health, including normal hearing which is necessary if the teacher expects to effectively rehabilitate acoustically handicapped children in elementary grades. Other essential qualities important to the success of the teacher of the deaf are: an unlimited amount of understanding and perseverance, a sympathetic nature, a capacity for work, an enthusiasm for professional growth, and above all, the talent for teaching.

**Standard XI. Transportation and Tuition. A Reasonable Claim May Be Made for Transportation of Pupils within the District. When such Children are Residents of Another District, the District of Residence Shall Make an Advance Agreement with the District Conducting the Class in Regard to Transportation and Tuition According to the Provisions of the Act.**

Sec. 12-24 of the School Code provides that "if a child resident of one school district, because of his handicap attends a class or school for any of such types of children in another school district, the school district in which he resides shall pay to the district maintaining the school or class he attends his tuition in a sum equal to the per capita cost of educating normal children in the district of his residence. If the normal per capita cost in the school district maintaining such a class or school is greater than the normal per capita cost in the district which provides the special education to the child they may claim the difference as part of the excess cost."

"The school board of the school district in which any such child resides shall pay for his transportation to the class in the other school district" and may be reimbursed under the law up to \$300 per child per year. Application for preapproval of the transportation of such child shall be made on the form "Transportation Only".

Transportation costs of eligible children living within the district conducting the special class or school shall be included in the claim for excess cost of the special school, class or services.

School districts with too few eligible children for a special class generally recognize the opportunity to give these children the advantages of special education by transporting them to another district.

**Standard XII. Vocational Planning. The Plan of Education Shall Provide for Educational Guidance that is Directed Toward Vocational Planning for the Individual.**

In order that manual ability may be developed, shopwork is brought into the educational program for deaf and hard-of-hearing pupils. The importance of adequate child study and guidance facilities are important in correctly planning this program. There have been cases of overdoing the shopwork program with some children and some schools. It is a fallacy to believe that deaf people can only support themselves by manual labor. A rich program of speech, reading, language, mathematics and social skills should prepare deaf children to enter a great many vocations.

The manpower shortage during the war has demonstrated the ability of deaf people to make excellent adjustments in a great many vocations. Civil Service reported that it had surveyed 3,500 types of jobs and found 1,200 of them could be handled by totally deaf; 3,200 by hard-of-hearing. Since October 1942 the government has hired 3,200 hard-of-hearing persons and 1,500 totally deaf.

A definite objective of the educational program for the deaf should be that of placement and follow-up. Too often we find job analyses and aptitude or ability appraisals have been made, but the school stops with the preparation responsibility. Adequate planning must include the acceptance on the part of special schools of this next step. Probably few fields offer as much evidence of need for a combined school-field educational training program as do the deaf and hard-of-hearing. Follow-up and field vocational training give an excellent opportunity for an adult educational program among industrial and managing groups.

Since the deaf individual is constantly aware of his handicapping condition, he generally realizes the necessity of making up for it in other ways. Adequate and cumulative case records will help in properly guiding the individual into the right vocation.

**Standard XIII. Policy of Home-School Cooperation. The School Shall Take the Initiative in a Program of Consultation and Cooperation with the Home in the Educational Program of the Child. At Least One Visit to the Home of Each Child in the Special class Shall be Made by the Teacher Each Year.**

Since the school's primary purpose is to train the deaf and hard-of-hearing child to adapt himself to his environment and to become a useful member of his community, a friendly relationship between the home and the school is imperative. Such a relationship can best be attained through home visits by the teachers, supplemented by conferences at school.

After the child has been at school for three or four weeks and the teacher has had the opportunity to become familiar with some of his problems, a visit at his home will reveal the cause of some of his behavior, or a method of attack for some problem. The solution to

a problem may lie in an understanding of the physical aspects of the child's environment, or in the social attitudes of his family, his relatives, and his friends. Only a home visit can give a true picture of the child's role in that small part of his community—the home.

Not only will the teacher better understand the child through home visits, but the parents will better understand the child and his relationship to, as well as his needs in the world outside the family circle. The entire family's cooperation is vitally necessary if the deaf or the hard-of-hearing child is to become a useful member of his family and of his community. He cannot do this if the home and the school are not working for the same goals. The handicap of loss of hearing is a twenty-four hour one. It needs everyone's cooperation, understanding, and help.

In most cases, it will be the teacher's initiative, rather than interest shown on the part of parents, which will begin a successful program of home and school cooperation. It is up to the teacher to make known to the parents the child's problems and needs.

Furthering this purpose, home visits can be supplemented by parent-teacher conferences at school. Parents may better understand the child's difficulties by familiarizing themselves with the equipment and the training in the classroom; and with regular or prolonged visitation by the parent, they will be able to carry over the type of work done in the classroom to the home. The amount of help necessary in the home will depend upon the amount of the hearing loss—the greater the loss, the more special considerations and helps are necessary.

The following suggestions to parents of hearing impaired children will probably be helpful to any child whether he has a hearing deficiency or not, but they will be a definite help to the child who has a hearing loss. Any special considerations that are shown the deficient hearing child should be given without calling attention to his impairment.

1. A loss of hearing is a twenty-four hour handicap. The help given the child out of school may be of greater importance than the help received in school. We must have the cooperation of everyone so that the program will "carry through". The responsibility for helping the child should not be left entirely to the school.

2. We are prone to over-estimate the hearing acuity of a child when he is paying close attention, standing close to the speaker, and following simple conversation. The amount of hearing necessary for this may not be enough to understand a longer conversation including cross conversation.

3. Encourage the child with a hearing impairment to watch the faces of the people who speak to him. Help him to develop the habits of watching the speaker's face, standing close to the speaker, and moving so that the light falls upon the speaker's face.

4. Stand within the child's hearing range and face him as often as possible when speaking to him.

5. The child with a hearing impairment must see your lips, therefore:

- (a) Don't stand with your back to the window while talking. (Shadow and glare make it difficult to see your lips.)

- (b) Keep your hands and books down from your face while speaking and do not move your head. Don't use gestures.
- (c) Stand still while speaking with a normal amount of light on your face.
- (d) Be sure that you have his attention before you assign him a task or ask him a question.
- (e) Don't exaggerate or "mouth" words. Speak naturally and avoid using loud speech.
- (f) Use similar words in sentences to show meaning. (i.e. I gave them their coats. The boys are over there.)
- (g) Be very patient with the hearing handicapped child and make sure that things don't get by him. If the child misunderstands, re-state the questions in a different way—you may be using words with invisible speech movements and he may understand it through different word context.
- (h) Ask the impaired hearing child if he understands after a detailed discussion.

6. Be sure that the rooms are well lighted, especially dining and living rooms. Good vision is necessary for lip reading. Seat the child at the table so that he doesn't need to look into a glaring lamp or window. When there are guests at the table, seat the child directly opposite the guests.

7. When in a car turn on the dash board light so that he can see your face.

8. Draw the child into as much table conversation as possible and take time out to explain things that he seems to have missed. He must never be left out of the happiness around him. He must take an active part and become a component of the family.

9. Keeping the child "speech conscious" helps him to resist the usual damage to the voice that results from a severe hearing impairment. Encourage him to take part in all oral activities. Don't allow him to shake his head or speak in phrases instead of using complete sentences. Constantly encourage acceptable speech.

10. Encourage him to participate in musical activities. This will stimulate his residual hearing and also add rhythm to his speech.

11. The child with impaired hearing often wants the radio played more loudly than any other members of the family. Allow him some period during the day to play the radio as loudly as he chooses, as he may get some valuable acoustic training in this way.

12. Ration part of each day so that you can have a chat with your child. Explain the occurrences of the day, let him suggest what he wants to talk about; be sure that the child understands every happening of the day.

13. The child with impaired hearing may become shy and backward because he has difficulty understanding others. Encourage him to join group activities; urge him to play with hearing children; invite other children into your home. Be sure that he feels one of the gang and that he is not withdrawing from the group.

14. A loss of hearing directly affects language background; therefore, encourage the child to take an active interest in reading. Talk to him endlessly and read him stories and sing him songs so as to give him the natural vocabulary of his hearing friends. Make use of the common expressions and slang of his playmates.

15. Give the child the best medical care possible. Have the child's ears examined and tested by a certified otologist; purchase

a hearing aid if it has been recommended and fits his needs; and be sure that his eyes are treated and examined. Good vision is necessary for lip reading.

16. Try to prevent colds, throat and nose complications, running ears, etc. in the child with a hearing impairment. If they do occur, see that the child receives medical attention at once.

17. Have the child join as many physical activities as he can. Roller skating, ice skating, dancing, swimming, horse-back riding, skiing, etc. are exercises which affect rhythm, poise, and a sense of balance. The more things in which the child succeeds, the more secure and stable he will be.

18. The hearing impaired child will become fatigued more easily, and we should expect that he will require more sleep than the hearing child.

19. Be a real friend to the child. Inspire his confidence in you; so he will report any difficulty to you at once. It is important that he feels you understand him and he is close to you. You are his parent—you must understand him more than anyone else.

20. Encourage the child to face his handicap and accept it.

21. Be natural with the child. He must adjust to a hearing world, not a world of hearing handicapped people.

22. Give the child an opportunity to develop into a stable, independent, happy, confident child. Don't over-protect, over-indulge, or allow him to dominate the household.

23. It takes effort to make the acoustically impaired child successful and happy. He needs a great deal of help. Help him not to become discouraged. Great patience, infinite pains, and the love and cooperation of everyone in the family are needed to make the child with impaired hearing normal and happy.

24. It is important that parents be frank in judging the whole situation. Do not deny a loss when there is one, nor imagine a loss where there is none. If the loss has definitely been established, talk it over frankly and without excitement with the child and others in the family. After that follow the suggestions without reminding the child of his handicap.

## STEPS TO BE FOLLOWED BY DISTRICT

- 1—Work out your local philosophy as to Special Education. This is an essential of good administration. The teaching personnel must be thoroughly acquainted with the program and the public must be convinced of its value. The education of atypical children is not a program of charity. It is based on sound economic, social, and educational principles. No plan of special education of exceptional children can hope to succeed if it does not reflect the desire of the local community to serve these children. The state offers financial reimbursement to cover the excess costs involved in educating these atypical children, but any plan not based on the good faith of the local district in serving these handicapped children is neither sound educationally nor financially.
- 2—Make your local survey. Secure the participation of all teachers, public health workers, physicians, welfare workers, etc., in this survey. It will enlist their intelligent cooperation later. Each regular grade teacher should study her own pupils and submit a report to the superintendent. (Following is a suggested outline for this procedure.)

School..... Teacher.....

Report by teachers as to exceptional children in room  
(Give names and data for your room)

Pupil	Age	Grade	Description of Condition and explanation of efforts to meet conditions in regular class room
I. Physically Handicapped a—Blind b—Defective Vision c—Deaf d—Hard-of-Hearing e—Crippled f—Cardiac g—Speech Defective h—Convulsive Seizures i—Malnourished j—Others			
II. Mentally Different a—Gifted b—Retarded			
III. Socially Maladjusted a—Delinquent b—Truant c—Incorrigible			

- 3—Follow this screening survey with a technical survey where specialists determine the nature and degree of handicap and make recommendations to be followed.

- 4—Write to the Superintendent of Public Instruction, Centennial Building Springfield, Illinois, for regulations and standards to be followed in organization and continuation of special classes.
- 5—Work out your plan of special education to meet the educational, social, and health needs of each individual based on his own individual needs, interests, and abilities. Remember that a program of special education is planned for the individual case and not for the group.
- 6—Present the plan to the Board of Education and secure authorization to proceed with it. Arrange to keep separate, accurate, and detailed financial accounts for maintenance of special classes.
- 7—In smaller districts where the need is just as important for those children needing special services as in large communities, secure the cooperation of neighboring districts in organizing a center. The law provides for transportation and tuition payments. The provision in the law, enabling centers to be established, is the key to successful special education in sparsely settled areas.
- 8—Provide specially trained teachers, room, equipment, and materials.
- 9—Adopt a policy of local supervision. Do not allow segregation or neglect to isolate this group from the total school group except when it is essential.
- 10—Provide a set of files for individual records and case studies. These records should be progressive and cumulative. They should show the results of medical and educational tests. Personal and family records will be of value. Notes on home visits, and conferences with parents, case workers, physicians, etc., should be kept in this file. Samples of the child's work; guidance and vocational records and procedures, letters from parents, carbon copies of letters sent home, and many other things can be included.
- 11—All expenses shall be paid by the local district. The bills should be met currently. The state reimburses the district on the basis of actual expenditures as shown by cancelled vouchers.
- 12—After your class is organized the following steps are necessary in seeing that the class is reported, given conditional preapproval, and eligible for reimbursement covering excess costs.
  - a—Write to your county superintendent for three copies of the annual application for Preapproval for each type of group to be served.
  - b—Fill these out in triplicate and mail ~~all three~~ forms to your county superintendent within twenty days after the organization of the class.
  - c—These forms are sent by the county superintendent to the Superintendent of Public Instruction. The conditional preapproval of the class is determined on the basis of information included in this report under "Plan of Education". (Final approval is dependent upon the successful carrying out of the plans by the local district.) The forms are signed and two copies are returned to the county superintendent who in turn sends one to the district.
- e—Following the close of the school the local district will receive through its county superintendent forms for making the financial report. These shall be returned in triplicate by July 15th to the county superintendent who in turn will send them to the Superintendent of Public Instruction. The Superintendent of Public Instruction will certify claims to the Auditor of Public Accounts who shall issue warrants to the district. Each local district having a just claim shall receive its reimbursement about September 30th. If the money appropriated by the General Assembly is insufficient it shall be apportioned to each district on the basis of its claim.

## THE PROBLEM OF TEACHER SUPPLY AND TRAINING

The problem of an adequate supply of trained teachers for deaf and hard-of-hearing children must be met before the program as planned for the State of Illinois can become effective. Children in considerable numbers need a special educational program making specialized training for the teacher essential. The problem of bringing handicapped children and well-prepared teachers together rests mainly with the school administrator.

A program of special education for deaf and hard-of-hearing children requires teachers thoroughly trained in special techniques. No field of teaching demands more highly skilled personnel. The opportunities for special teacher training have improved greatly in Illinois in the last few years. However the supply of well trained teachers ready to staff special classes for children with impaired hearing still does not meet the demand for their services.

Reasons for this situation are that: (1) parents and teachers have not been skillful in reading the signs that indicate impaired hearing, so they have not given the desired emphasis to the need of special classes; (2) school administrators in the past have too often failed to recognize the special needs of children with impaired hearing, or have been satisfied with temporary measures for meeting their needs; (3) few teachers for acoustically impaired children have been in demand; (4) young teachers have not considered making the necessary preparation; (5) school and college advisors of young people have not been made aware of the increasing demand for this highly skilled type of teaching and thus have not advised students to begin the work; and (6) experienced teachers see little reason to take further preparation essential to working with handicapped children.

The forward-looking school administrator who anticipates the development of classes for the deaf and hard-of-hearing children under his supervision will also anticipate the need for trained teachers. He can provide for this need by: (1) voicing a need for such services; (2) influencing young teachers to consider preparing for work with the deaf and hard-of-hearing; (3) selecting strong teachers from his staff and encouraging them to enter this special field; (4) granting leaves-of-absence for special teacher preparation; (5) providing additional salary allowances because of the peculiar demands of this type of service; and (6) making the prepared teachers work more interesting and attractive.

A wise and forward looking adult education program would recognize the importance of supplying well trained teachers for acoustically handicapped children. Parent-Teacher Organizations, American Association of University Women and other social service groups with educational programs could do much toward aiding in the recruitment of teachers for special education by: (1) contacting

high school pupils on their high school career day and providing them with publications and posters concerning the need of teachers in the field of the handicapped; (2) seeing that colleges and universities do a better selling job on this type of teacher training; (3) writing more and better magazine and newspaper articles about the need for skilled personnel in the field of the acoustically impaired; and (4) recognizing capable persons willing to take training and aiding such persons with scholarships and fellowships so that the venture would be worth while. Personal salesmanship on the part of workers in the field of special education would help increase the recruitment.

The building, equipment, supervision, and curriculum will help make a program for the deaf and hard-of-hearing child, but no program is any better than its teachers.

## CASES IN NEED OF SPECIAL SERVICES

Many children will be found that have in addition to their hearing loss another physical handicap which will need the attention and help provided by the school. Often the one handicap is treated but no consideration is made for the second impairment, hearing loss; or special help is given to the hearing loss with no provision made for the secondary handicap. It should be the policy of the state to provide the special services needed for such multiple handicaps.

These multiple handicaps are many and varied making it difficult but not impossible for proper treatment. The following are some of the duo-handicaps that are found needing special services.

1. Deaf-blind. The problem of the deaf-blind is not being met adequately in Illinois. There needs to be a study of the problem. At present some cases are sent to the three schools for deaf-blind in various parts of the United States.

2. Hearing handicap and low vision. This multiple type requires the special considerations given to the sight saving classes plus help in speech, lip-reading, and language.

3. Cerebral palsy or spastic with a hearing impairment. This duo-handicap needs not only help in physio-therapy and occupational-therapy but the aids and helps of the special teacher of the acoustically impaired.

4. Deaf and mentally handicapped, or slow learning. These cases because of their mental handicap cannot profit by the training regularly given the hearing impaired. They need a great deal of social and personal training. It is of utmost importance that the public and private agencies of the state work closely together to provide help for these cases in any program.

5. Facial deformatives with hearing loss. Here the work for the hard-of-hearing or deaf can be given with special considerations given in speech and mental hygiene. Close cooperation with the medical personnel may be of great importance in serving a child of this type.

6. Meningitis cases. In addition to the loss of hearing, there is often a loss of balance and motor co-ordination which requires additional training and help.

7. German Measles during pregnancy. This may result in a hearing impairment in the child, but it will also affect the development of the child in different ways, making it necessary for close observation of the child and the developmental pattern if proper help is to be given.

8. Cardiacs, crippled children with hearing loss. Every consideration, aid and help needs to be given to these children. Not only the training for their hearing impairment but that necessary for a crippled child in a crippled child's classroom.

## LAW

### SPECIAL EDUCATION FOR HANDICAPPED CHILDREN

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. Sections 12-20, 12-22, 12-23, 12-24, 12-25, 12-26, and 12-27 of "The School Code," enacted by the Sixty-Fourth General Assembly, are amended to read as follows:

Sec. 12-20. School boards of any school district, whether operating under the general law or under a special charter, may, subject to any limitations hereinafter specified, establish and maintain special educational facilities for one or more of the following types of children who are residents of their school districts, and such children, residents of other school districts as may be authorized by this and subsequent sections:

1. For physically handicapped children. "Physically handicapped children," for the purposes of this and subsequent sections, means children of sound mind between the ages of 3 and 21 years who suffer from any physical disability making it impracticable or impossible for them to benefit from or participate in the normal classroom program of the public schools in the school districts in which they reside and whose education requires a modification of the normal classroom program.

2. For maladjusted children, upon the recommendation or approval of the superintendent of schools in school districts constituted in cities exceeding 500,000 inhabitants, and upon the recommendation or approval of the county superintendent of schools in all other school districts or committed to such classes or schools by courts of competent jurisdiction "Maladjusted children," for the purpose of this and subsequent sections means children between the ages of 5 and 21 years who are truant, incorrigible, delinquent or in need of special educational facilities designed to prevent their becoming truant, incorrigible or delinquent.

3. For educable mentally handicapped children. "Eduable mentally handicapped children" for the purposes of this and subsequent sections means children between the ages of 5 and 21 years who because of retarded intellectual development as determined by individual psychological examination are incapable of being educated profitably and efficiently through ordinary classroom instruction but who may be expected to benefit from special educational facilities designed to make them economically useful and socially adjusted.

For the purposes of this and subsequent sections "special educational facilities" means special schools, special classes or special instruction.

Sec. 12-22. All special educational facilities shall be under the supervision of the Superintendent of Public Instruction. The Superintendent of Public Instruction shall prescribe the standards and approve the conditions under which the facilities are furnished. He shall make necessary rules and shall be responsible for determining the eligibility of children to receive special education; provided, that no child of the type described in paragraph 3 of Section 12-20 shall be eligible for such special education except upon the recommendation of or with the approval of a qualified psychological examiner. "Qualified psychological examiner" means a person who has graduated with a master's degree in psychology or educational psychology from a higher institution of learning which maintains equipment, course of study and standards of scholarship approved by the Superintendent of Public Instruction, who has had at least one year of full-time supervised experience in the individual psychological examination of children of a character approved by the Superintendent of Public Instruction, and who has such additional qualifications as may be required by the Superintendent of Public Instruction.

Sec. 12-23. No person shall be employed to teach any class in any school authorized by Section 12-20 who does not hold a valid teacher's certificate as provided by law and unless he has had such special training as the Superintendent of Public Instruction may require.

Sec. 12-24. If a child, resident of one school district, because of his handicap attends a class or school for any of such types of children in another school district, the school district in which he resides shall pay to the school district maintaining the school or class he attends his tuition in a sum equal to the per capita cost of educating normal children in the district of his residence. If the normal per capita cost in the school district maintaining such a class or school is greater than the normal per capita cost in the district or the child's residence, then the school district which provides the special education to the child may claim the difference as part of the excess cost.

The school board of the school district in which any such child resides shall pay for his transportation to the class in the other school district. The cost of transportation may be included as part of the excess cost.

Sec. 12-25. Each board shall keep an accurate, detailed and separate account of all monies paid out by it for the maintenance of each of the three types of classes and schools authorized by Section 12-20 for the instruction and care of pupils attending them and for the cost of their transportation, and shall annually report thereon indicating the excess cost for each elementary or high school pupil for the school year ending in June, over the last ascertained average cost for the instruction of normal children in the elementary public schools or public high schools, as the case may be, of the school district for a like period of time of attendance, as such excess is determined and computed by the board, and make claim for excess cost as follows:

Applications for reimbursement for excess costs must first be submitted through the office of the county superintendent of schools to the Superintendent of Public Instruction. Applications shall set forth a plan for special education established and maintained in accordance with this Article. If such applications are approved by the Superintendent of Public Instruction, claims for excess costs shall be made as follows:

To the county superintendent of schools, in triplicate, on or before July 15, for approval on vouchers prescribed by the Superintendent of Public Instruction, the vouchers indicating the excess cost computed in accordance with rules prescribed by the Superintendent of Public Instruction. The county superintendent of schools shall provide the Superintendent of Public Instruction with a copy of the original of the vouchers on or before August 1. The Superintendent of Public Instruction before approving any such vouchers shall determine whether such child is in fact eligible for the special educational service and whether the special educational services set forth in the application for State aid was in fact rendered him by the school board.

Failure on the part of the school board to prepare and certify the report of claims for the excess cost on or before July 15 of any year, and its failure thereafter to prepare and certify such report to the county superintendent of schools within ten (10) days after receipt of notice of such delinquency sent to it by the Superintendent of Public Instruction by registered mail, shall constitute a forfeiture by the school district of its right to be reimbursed by the State for the excess cost of educating such children for such year.

Sec. 12-26. The aggregate excess cost of furnishing special educational facilities to the types of children described in Section 12-20 as determined, computed and reported by the school officials is a charge, in not to exceed the amounts hereinafter specified, against the State, and shall be paid annually to the school boards through the county superintendent of schools, on the warrant of the Auditor of Public Accounts out of any money in the treasury appropriated for such purposes, on the presentation of vouchers as hereinafter prescribed:

1. For children of the type described in paragraph 1 of Section 12-20, \$300 each.

2. For children of the type described in paragraph 2 of Section 12-20, \$190 each; and if such special educational facilities are furnished in a secular institution licensed by the Department of Public Welfare to which

such children are committed by a Juvenile Court, an additional \$110 each for vocational, recreational and athletic training of said children for an average of fifteen hours per week in addition to usual classroom instruction.

3. For children of the type described in paragraph 3 of Section 12-20, \$250 each: if two districts are entitled to such payments by reason of furnishing special educational facilities or transportation to the same child, each shall be reimbursed not to exceed the above amounts.

Sec. 12-27. The Auditor of Public Accounts shall draw his warrants on the State Treasurer on or before the first Monday in September of each year for the respective sums of excess cost reported to him on presentation of vouchers approved by the Superintendent of Public Instruction.

If the money appropriated by the General Assembly for any of such purposes is insufficient, it shall be apportioned to each school district on the basis of the amounts of the claims filed.

## USEFUL FORMS AND REPORTS

State of Illinois  
**SUPERINTENDENT OF PUBLIC INSTRUCTION**  
VERNON L. NICKELL, Superintendent

### Application for Conditional Preapproval of Plan for Special Education for Children who are Deaf or have Defective Hearing

(Exclusive of Children who are Physically Handicapped or Blind or Visionally Defective)

School District No.

County

Name of School

Address

Address of Building or House where Class is Held

#### Complete In Triplicate

Supt. of Public Instruction  
Room 401—Centennial Building  
Springfield, Illinois

Pursuant to the requirements of the law providing for the education of physically handicapped children, we submit herewith our application in triplicate for conditional preapproval of the plan for special education as included herein.

1. Number of children to receive special service in this class \_\_\_\_\_  
Resident of District \_\_\_\_\_ Non-resident of District \_\_\_\_\_
2. Does this plan for special service to be rendered for which you are now requesting conditional preapproval constitute:
  - a.  A regular class in regular school.
  - b.  A special class in regular school.
  - c.  A special school.
  - d.  Hospital or sanatorium teaching.
  - e.  Home teaching.
  - f.  Provision for rest.
  - g.  Physical therapy.
  - h.  Hot noonday meal.
  - i.  Transportation  
(attach copy of contract)
  - j.  Private car.  Taxi
  - Regular school bus.  Other.
  - Special attendants employed.
3. Date:
  - a. Of making this application \_\_\_\_\_, 19\_\_\_\_
  - b. Of beginning special service \_\_\_\_\_, 19\_\_\_\_
  - c. Of beginning regular school \_\_\_\_\_, 19\_\_\_\_

#### 4. Class sessions

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Hrs.						
A.M.						
Hrs.						
P.M.						

#### K. Standards.

- I. Was your class established by board action? \_\_\_\_\_  
(See Standard I)

II. Explain your procedure for determining eligibility of pupils:  
(See Standard II)

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III. Explain your method of admittance to special class:  
(See Standard III)

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IV. What is the size of your class and the grade range of the pupils?  
(See Standard IV)

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V. Explain in detail the plan for administrative Supervision provided by Superintendent, building principal, and any special supervisors:  
(See Standard V)

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VI. What plan have you worked out for your case studies?  
(See Standard VI)

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VII. Explain in detail your curriculum:  
(See Standard VII)

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VIII. Discuss housing facilities as: room size, location, ramps, available toilets, etc.:  
(See Standard VIII)

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IX. List special equipment and instructional materials:  
(See Standard IX)

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- X. Does your teacher meet the requirements for a qualified teacher for the physically handicapped as stated under Standard X? If not, explain what your program is for meeting the requirement and approximate the time it will take to meet this requirement.

(See Standard X)

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- XI. Has your transportation and tuition plan been organized satisfactorily?  
(See Standard XI)
- 

- XII. Explain what vocational planning you are making for the class or individuals:  
(See Standard XII)
- 
- 

- XIII. What is your teachers' plan for home visits?  
(See Standard XIII)
- 

5. Teacher Qualifications:

	This column to be filled for Teacher No. 1	This column to be filled for Teacher No. 2	This column to be filled for Teacher No. 3
Name of Teacher			
Address			
Kind of certificate held by Teacher			
General academic preparation for teaching normal children: Degree or Number of semester hours.			
Special preparation for teaching physically handicapped children: Number of semester hours.			
Where and when was special training taken?			
Experience in teaching physically handicapped children			
Salary per month			

6. What is your estimate of the probable excess cost of the special educational service as outlined in this application for the school year? \$\_\_\_\_\_

7. Records:

Name and address where financial and attendance records are maintained:

Name \_\_\_\_\_ Address \_\_\_\_\_

8. We herewith certify that the class as described herein has been approved by the school board of this district and may be verified by the minutes of the board, meeting on the date of \_\_\_\_\_, 19\_\_\_\_\_. We understand that our claim for excess cost is to be based upon actual expenditures made by the school district for carrying out the above plan. We recognize that certification of this class for reimbursement of excess costs by the State depends upon (1) our carrying out of the plan of

special education herein included, (2) final approval based on visitation reports by the Superintendent of Public Instruction.

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Secretary or Clerk

Address

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President

Address

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(District will not fill in the following section)

Received by \_\_\_\_\_, County Superintendent of Schools

Comments:

Address

9. Conditional Preapproval

- A. Of application (Final approval for excess cost to follow (1) certification by Superintendent of Public Instruction at end of school year as to medical eligibility and to satisfactory fulfillment of this plan, and (2) information submitted in voucher reports).

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Date

Superintendent of Public Instruction

**REPORT ON PHYSICALLY HANDICAPPED CHILD**  
(Complete and in Triplicate)

### List dinjia by rooms

List pupils by rooms

Name of school \_\_\_\_\_ City \_\_\_\_\_ Dist. No. \_\_\_\_\_

\* List Dist. No. of only non-resident pupils.

**For grades 5 and below**  
**SUMMARY OF REPORT ON SCREENING TEST**

SCHOOL HEARING TESTS

YEAR OLD LEVEL

Percentages

NUMBER TESTED

NUMBER "NORMAL" HEARING:

(Less than 9 hearing grade  
in one or both ears)

NUMBER ABSENT

Tester

Supervisor

School

School

Address

Address

**For grades 6 and above**  
**SUMMARY OF REPORT ON SCREENING TEST**

SCHOOL HEARING TESTS

YEAR OLD LEVEL

Percentages

NUMBER TESTED

NUMBER "NORMAL" HEARING:

(Less than 6 hearing grade  
in one or both ears)

NUMBER ABSENT

Tester

Supervisor

School

School

Address

Address

**TABULATION SHEET, SUMMARY OF HEARING SURVEY**

Name of School \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

A.

Phono-Audiometer

No. Failed Percent

Total number children administered  
group test

\_\_\_\_\_

Total number children administered  
retest

\_\_\_\_\_

B.

Pitch Tone Audiometer

Total number children administered  
screen test

\_\_\_\_\_

Total number children administered \_\_\_\_\_  
 2nd individual test \_\_\_\_\_

Total number children failed to report \_\_\_\_\_  
 for 2nd individual test \_\_\_\_\_

Total number audiograms indicating hearing deficiency in both ears \_\_\_\_\_

Total number audiograms indicating hearing deficiency in one ear \_\_\_\_\_

Total number children indicating a slight loss \_\_\_\_\_

Total number children indicating a moderate loss \_\_\_\_\_

Total number children indicating a severe loss \_\_\_\_\_

C.

<b>Otological Attention</b>	<b>Ot. Att. Not Rec'd</b>
Number children recommended for otological attention	_____
Number children not recommended for otological attention	_____
Number children requiring further observation before given otological recommendation	_____
Number cases.....hearing fully restored	_____
Number cases.....hearing will respond to treatment	_____
Number cases.....hearing loss checked	_____
Number cases.....progressive deafness	_____
Number cases.....no otological report	_____

D.

<b>Educational Recommendations</b>	<b>Not received</b>
Number recommended reseating in classroom	_____
Number recommended for lipreading	_____
Number recommended for speech re-education	_____
Number recommended for special tutoring	_____
Number recommended for individual hearing aid	_____
Number doing satisfactory work	_____
<b>Repeated</b>	
Number repeated one year	_____
Number repeated two years	_____
Number repeated three years	_____
Number school achievement not known	_____
Total number years repeated	_____

## SUGGESTED LETTER TO DOCTOR FOLLOWING PURE TONE TEST

Dear Doctor:

Enclosed is a copy of an audiogram for \_\_\_\_\_.  
This test was made under normal school surroundings.

It is possible that you have already been consulted about \_\_\_\_\_  
hearing condition. We know that this audiogram may indicate only a  
temporary deficiency, but surely no harm and possibly great good, can be  
gained by having you check \_\_\_\_\_ ears from a  
medical angle.

Below is some general school information about the student which you  
would probably like to know.

	YES	NO
The student has been ill.....	(    )	(    )
The student has had a running ear.....	(    )	(    )
The student has been absent from school .....	(    )	(    )
The student complains about not being able to hear in the class room .....	(    )	(    )
The student hears when you speak directly to him....	(    )	(    )
The student is attentive in school .....	(    )	(    )
The student is doing acceptable work in school.....	(    )	(    )
The student has a speech defect .....	(    )	(    )

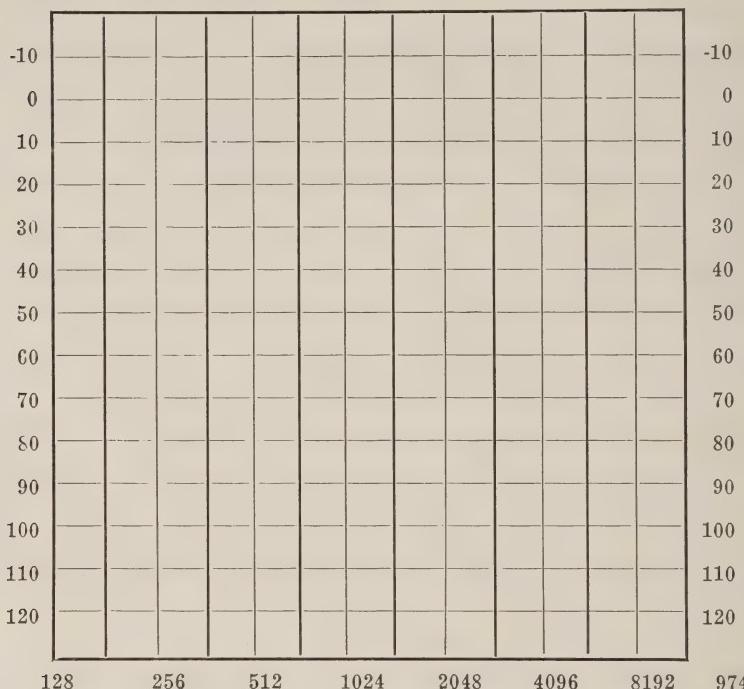
Your advice will have great bearing on the remedial educational measures  
which will be taken with this student. Will you kindly fill out the enclosed  
form and return it to me?

We are enclosing a self-addressed stamped envelope.

We shall sincerely appreciate your advice and information about \_\_\_\_\_  
Sincerely,

Name \_\_\_\_\_ Date \_\_\_\_\_ Tester \_\_\_\_\_

128      256      512      1024      2048      4096      8192      9747



Air Conduction: Right O Left x      Bone Conduction: Right ) Left (

#### OTOLOGIST'S EXAMINATION

School \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Ear:

Drum: Lt. \_\_\_\_\_ rt. \_\_\_\_\_

Cerumen \_\_\_\_\_

Nose \_\_\_\_\_

Throat:

Tonsils \_\_\_\_\_

Adenoids \_\_\_\_\_

Nystagmus \_\_\_\_\_

Eyes \_\_\_\_\_

Type of Deafness \_\_\_\_\_

Cause of Deafness \_\_\_\_\_

Progressive \_\_\_\_\_ Non-progressive \_\_\_\_\_

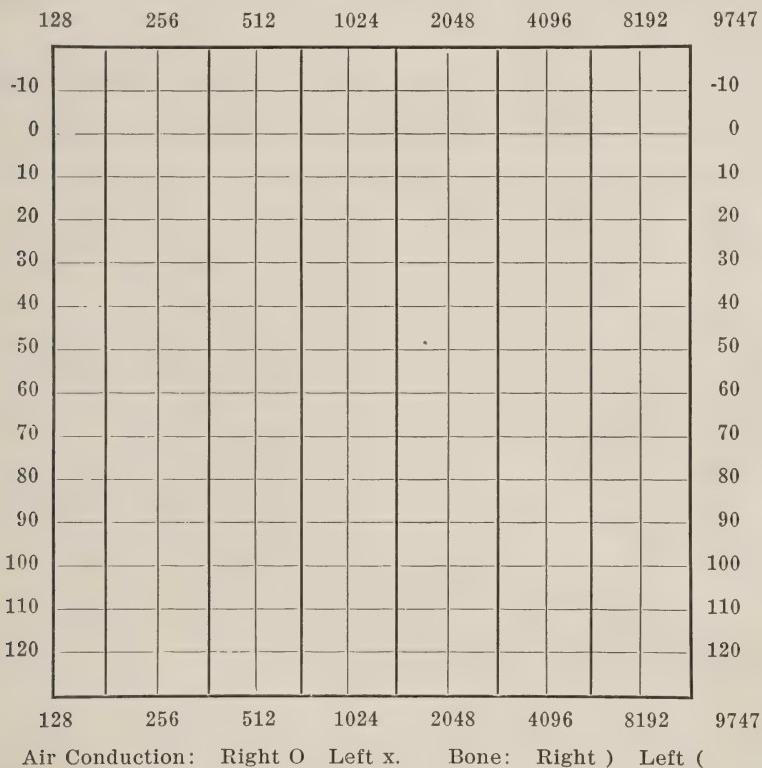
Medical recommendations \_\_\_\_\_

Otologist \_\_\_\_\_

## HISTORY OF HEARING CASES

### General Information:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_  
Tester \_\_\_\_\_  
Date \_\_\_\_\_  
Remarks \_\_\_\_\_



Air Conduction: Right O Left x.      Bone: Right ) Left (

### OTOLOGIST'S EXAMINATION

Type of deafness \_\_\_\_\_  
Cause of deafness \_\_\_\_\_  
Progress \_\_\_\_\_ Non-Progressive  
Medical recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Otologist \_\_\_\_\_

Date \_\_\_\_\_

## EDUCATIONAL HISTORY

Present school progress \_\_\_\_\_ Grades repeated \_\_\_\_\_

C. A. \_\_\_\_\_ I. Q. \_\_\_\_\_ Test \_\_\_\_\_ Speech \_\_\_\_\_

Educational Recommendations \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

## EDUCATIONAL RECOMMENDATION FORM FOR THE HARD OF HEARING

To the teacher \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

(has—has not) received medical attention.

(He—she) has a (slight—moderate—marked) (unilateral—bilateral) hearing loss and is recommended for the following educational assistance.

1. Advantageous seating in the class room for bilateral loss. Please seat this child toward the front of the room near the window.
2. Advantageous seating for unilateral loss. Will you seat this child toward the front of the room with the (right-left) ear directed toward the teacher's speech.
3. Lip-reading. The speech correctionist will confer with you.
4. Speech Correction. The speech correctionist will confer with you.
5. Transfer to the room for the Mentally Retarded. The school psychologist will confer with you.
6. Hearing Aid. The supervisor of the deaf and hard of hearing will confer with you.
7. Transfer to the Room for the Hard of Hearing. The supervisor of the deaf and hard of hearing will confer with you.

Comments:

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Date \_\_\_\_\_

Supervisor of the Deaf and Hard of Hearing

## OTHER AGENCIES SERVING CHILDREN WITH IMPAIRED HEARING

1. **The Chicago Hearing Society**, 30 West Washington St., Chciago 5, Illinois, is interested in all phases of hearing problems and in developing community resources to meet them. The Society operates a hearing aid bureau where persons may try on different makes of hearing aids and learn about their benefits. It carries on a public educational program and works for the development of hearing conservation programs and special classes for deaf and hard of hearing children. The Society offers counsel and informational service to teachers, parents, public health nurses, and others in this field. It extends its services outside the Chicago Metropolitan area whenever possible. Speakers are provided to address Parent-Teacher and other local civic groups to stimulate local communities to initiate hearing testing programs, medical follow-up, and to provide special education for those children with hearing impairment of such degree as to prevent their benefiting from attendance at regular classes.

2. **The Commission for Handicapped Children** carries on a program of public education through speaking engagements, pamphlets, and the press and has sponsored legislation directed toward improving the state program of special education for children with defective hearing. The Commission offers consultation in cooperative program planning with other agencies and may help to sponsor service programs during their initial period.

3. **The Division of Rehabilitation of the Board of Vocational Education** may provide physical rehabilitation services to persons with defective hearing who are 16 years of age or over and to whom such rehabilitation would be of vocational significance.

4. **The Division of Services for Crippled Children of the University of Illinois** conducts speech and hearing diagnostic examinations, including a pure tone audiometric test, in the general clinics held periodically throughout the state at which pediatric and orthopedic examinations are also available, and in special speech and hearing clinics. Follow-up otological consultation is provided for those eligible children for whom this is recommended subsequent to examination at a clinic. The services of this Division are available to eligible children up to the age of 21 throughout the state with particular emphasis upon the regions outside of Chicago, and the diagnostic clinics are held in strategically located centers throughout the state. They will provide hearing aids as recommended for their patients by certified otologists. Acoustic training, lip reading, and speech rehabilitation to eligible deaf and hard of hearing children is also provided if this service is not available through the school program.

5. **The Illinois Eye and Ear Infirmary** gives medical and surgical care as required and is available to financially eligible persons with defective hearing throughout the state. The Infirmary maintains both an out-patient clinic and a hospital proper.

6. **The Illinois School for the Deaf**, Jacksonville, Illinois is a free public school for all deaf children, residents of the State, between the ages of eight and eighteen, whose hearing is so defective as to make it impracticable for them to be educated in the ordinary public schools of the State. The course of study is similar to that usually pursued in the elementary schools of the State and the oral method of instruction is pursued. Vocational, recreational and physical training is provided.

7. **The State, County, and District Health Departments** carry on a continuous program of public health education, including information on hearing defects and their prevention. Several of these departments have audiometers for the testing of hearing, and work of this type is carried on among children of school age groups. Ther professional personnel is available for consultation in program planning, particularly in the area of case finding and following up, and in some cases have stimulated hearing testing programs in local school districts.

It is of vital importance that the schools and the agencies work closely together to provide the best possible facilities for the child with a hearing impairment.

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The administrator, teacher, and parent can receive additional material and information from:

1. The American Hearing Society, 817-14th St., N. W., Washington 5, D. C.
2. The Volta Bureau, 1537-35th St., N. W., Washington, D. C.
3. The John Tacy Clinic, 924 West Thirty-Seventh Street, Los Angeles 7, California.
4. The Chicago Hearing Society, 30 West Washington, Chicago, Ill.

## TERMINOLOGY OF THE DEAF AND HARD OF HEARING

1. Acuity. Acuity is sensitivity. Thus hearing acuity is the sensitivity of the hearing.
2. Advantageous Seating. The placement of an acoustically handicapped child in a group where he can best make use of his hearing.
3. Air Conduction Receiver. The air conduction receiver is one which is held over the ear during its use. The sound coming from the receiver is conducted through the air in the external ear canal to the ear-drum.
4. Air Conduction Test. The air conduction test is a test of hearing acuity in which the test tones are introduced to the outer ear by an air conduction receiver. The tone travels through the air in the external ear canal until it reaches the ear-drum whence it travels to the cochlea via the ossicular chain.
5. Audiogram. A picture showing the hearing acuity for successively higher tones of an individual.
6. Audiometer. The audiometer is a precision instrument for measuring hearing acuity.
7. Auricular Training. Auricular training is the training of the use of residual hearing. Such training cannot increase the residual hearing but it does enable a person to make better use of it.
8. Bilateral Impairment. A bilateral hearing impairment is one which affects both ears.
9. Bone Conduction Receiver. A bone conduction receiver is held against the skull, usually at the mastoid, during its use. The sound energy is conducted through the bone to the cochlea.
10. Bone Conduction Test. The bone conduction test is a test of hearing in which the test tones are carried through the skull to reach the cochlea. A special bone conduction receiver which is applied to the mastoid is used in this test.
11. Conduction Deafness. An impairment of hearing due to defect of the mechanical processes of hearing, sometimes called conductive type.
12. Deaf. Those persons in whom the sense of hearing is non-functional dating from before the age at which the comprehension of speech is normally acquired (having no usable hearing).
13. Deafened. Those persons rendered deaf after having once heard normally, especially having developed the ability to produce and comprehend speech. Those adventitiously deafened by disease or accidents.
14. Decibel. The decibel is a unit of sound energy. A change of sound energy of one decibel is approximately the smallest change which the human ear can detect. It is a logarithmic unit.
15. Group Audiometer. The group audiometer is an instrument by which the hearing acuity of groups of persons can be measured at one time. It is usually a phonograph audiometer.
16. Hard-of-Hearing. Those persons in whom the sense of hearing, although defective, is functional with or without a hearing aid—(who have useable hearing, and who, in spite of their handicap, did learn language in an unconscious, casual way like the normal hearing).
17. Individual Audiometer. An instrument with which the hearing of only one person can be measured at a time.
18. Internal Ear. The innermost portion of the ear; the semi-circular canals, which are concerned with balance, and the cochlea, in which sound energy stimulates the hearing nerve, are divisions of the inner ear.

19. Interrupter. A switch by which the test tones of an audiometer can be cut off or stopped.
20. Hearing Aid. An instrument used to increase the acuity of hearing.
21. Lip Reading. The ability to understand conversation by watching the lips of a speaker, sometimes called speech reading.
22. Otologist. A specialist in diseases of the ear.
23. Perception Deafness. Nerve deafness; the lack of sensitivity of the auditory mechanism in the cochlea, or the paralysis of the acoustic nerve or its center in the brain.
24. Masking. The process of introducing one sound to prevent the perception of another sound.
25. Master Card. A card on which the correct numbers for the phonoaudiometer are printed.
26. Middle Ear Deafness. A failure of the air vibrations to be transmitted to the cochlea.
27. Mixed Deafness. Combination of conduction and perception deafness.
28. Pure-tone Test. An individual test of hearing by which the lowest intensity at which a person can hear tones of particular frequencies is determined.
29. Screening Test. A quick group or individual test of hearing by which children are selected for further study and testing.
30. Speech Training. Speech re-education to help the child who has a deficiency in hearing maintain acceptable speech.















*Gaylord*   
**PAMPHLET BINDER**

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